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THE

MONTREAL MEDICAL GAZETTE,

BEING

A Monthly Journal of Medicine,

AND

THE COLLATERAL SCIENCES.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Dear Sirs,—I hand for publication in your valuable Journal, the following account of a bold and successful operation, performed by my able and intelligent friend, Doctor Hall, of Burlington, who forwarded the report in a letter lately received by me. I shall make no comments, the case speaks for itself. With much regard,

I am, yours faithfully,

Wfd. Nelson.

Montreal, 28th June, 1844.

"The operation of Tracheatomy to which you allude, was performed on the 10th ult. by myself, assisted by Drs. Hatch and Marsh. The subject of this case was an interesting lad of about four years of age. While playing with a piece of pipe stem, and drawing air through it, holding it between his lips, he accidentally sucked it through the rimaglottidis into the trachea. This account the boy gave immediately after the accident, for no one was present at the time. He also measured on his finger his estimate of the length of the pipe stem, corresponding, as it afterwards proved, with its real length, being nearly $1\frac{3}{4}$ inches. The usual symptoms of foreign body in the trachea at once came on, such as violent coughing and difficult respiration; but the little fellow was not attacked with that threatened fatal suffocation which follows the inhaling of smaller and lighter substances,—and there appeared no floating up and down of the body through the windpipe, in the action

of breathing; it seemed to have descended rather by its own superior weight, and become fast in some bronchial tube. But, lest there might be some mistake in the opinion we had formed and expressed—viz., that the pipe stem was in the trachea or bronchiæ, we resorted to other means than an immediate incision, to dislodge the offending cause. A probang was several times introduced into the pharynx and œsophagus. An emetic of sang: canaden: was administered with the vain hope that the body might be coughed up in the operation. And, to the horrid proposal of cutting the boy's throat to save his life, the friends hesitated much in yielding consent, and they were induced to try still further milder means to expel the foreign body before they would consent to this savage operation. Consequently we left the patient for the night; in the meantime the lad was several times held up by his ankles with his head downwards, at the same time applying sudden percussion between the shoulders, but all to no purpose.

"The next morning, about 18 hours from the accident, consent was obtained for the operation. This was performed by placing the boy upon a table on his back, his head, arms, and legs, were held and supported by assistants. The lad being short necked and fat, it became expedient to introduce a bolster beneath the nape of the neck and shoulders, so as to bear the head back and raise the trachea, to make room for the knife. These preliminaries being settled, I commenced the incision from above and carried it longitudinally downwards, in the course of the trachea to the sternum. While cutting through the adipose substance a vein of considerable size was divided; this continued to bleed for some time, and to save time we applied a ligature. The tracheal opening was now made at the upper angle of the incision, when the air and spray burst forcibly out; the boy, up to this time incessantly screaming and inquiring if we found the pipe stem—but now his voice was, as it were, smothered and gone. At this critical juncture he was turned on his left side to prevent the oozing of the blood into the trachea, and the incision was finished by dividing the tracheal rings, with the probe pointed bistory, to the extent of the external incision, it being about $2\frac{1}{2}$ inches. The cut edges of the trachea were drawn apart with broad blunt hooks, made of silver plate, and immediate search was made for the foreign body.

"After nearly ten minutes search it was found by Dr. Marsh, and drawn out on the point of the probe, this having entered the hollow

of the pipe stem, which was found securely lodged in one of the right bronchial tubes, some two or three inches below the top of the sternum.

"After this joyful result, the incision was drawn together by sutures and sticking plaster; but the respiration had become so laborious and difficult before the operation, that now at each expiration the air burst forcibly out between the stitches. This continued about 36 hours, when the breathing became natural.

The first evening a cathartic of calomel was administered, followed by an expectorant powder, one every six hours. In three days the little sufferer was considered out of danger, and has since entirely recovered."

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Will you permit me to offer you the enclosed case of Osteo-Sarcoma of the Inferior Maxillary Bone, which has lately come under my charge, and the issue of which has been most fortunate. Perhaps, if your columns are not too much occupied, you will permit it to appear in the next number of your very valuable and useful Journal.

Believe me, Gentlemen,
Your very obedient Servant,
JOHN RACEY, M. D.

QUEBEC, June 26th, 1844.

Maria Byers, resident of Port Daniel, District of Gaspé, æt. 30, mother of two children, the youngest of which is seven months old, has come up to this city to have a tumour of the lower jaw examined, and removed, if necessary. She states that it commenced five years ago, (but cannot assign any cause for its so doing,) at which time it was about the size of half a hazel nut; it has been gradually on the increase ever since, but within the last five or six months it has enlarged much more rapidly, which she attributes to a partial fracture which occurred in consequence of chewing a portion of hard crust of bread. On examination, it was found, that the tumour extended from beyond the mental symphisis of the right, to the neck of the bone on the left side, and that the whole of the bone was implicated between those parts; it extended, moreover, under the tongue, pushing that organ to the right side, externally it filled the angle formed by the base of the bone, inner line of sterno cleido mastoid muscle, and lateral portion of thyroid cartilage. The

articulation of the diseased side was quite healthy, and the teeth sound but loose in their sockets. That portion of the disease within the mouth gave the same sensation when handled, as though it was composed of a number of egg shells placed within a membraneous bag, each shell of bone yielding to the pressure applied. Having requested Drs. Morrin and Sewell to examine the case, and no doubt existing regarding the disease, which was rapidly extending itself to the opposite side, it was proposed, as the only means of saving the patient, to remove the mass and bone, which proposition was acceded to by the patient: and on the 30th May, with the kind assistance of Drs. Morrin, Sewell, and Watt, I proceeded to perform the operation requisite, in the following manner: The patient was seated with her head reclining on Dr. Watt's breast; an incision was then made, commencing opposite the left ear extending along the ramus and base of the tumour, to opposite the mental foramen of the right side; a second was then made from the last mentioned point to the free edge of lip, and the superior flap thus delineated having been dissected upwards, I proceeded to remove two teeth; viz, the canine and lateral incisor, between the sockets of which the bone was divided by means of the saw and Liston's cutting forceps; the tumour was then grasped, and an inner incision made along its internal length—and the coronoid process brought on a level with the base of the zigoma, and detached from its temporal muscle; the capsule of the joint was then opened and the bone disarticulated. The integuments covering the lower portion of the tumour were then dissected from the lower flap, and the mass removed. I may mention that there was some delay in disarticulating, in consequence of the tumour breaking in two when used as a lever. There were only three arteries divided requiring ligatures; a portion of lint was placed within the flaps which were approximated, and after an hour secured by a few sutures. The patient bore the operation, which lasted twenty-two minutes with great fortitude, and lost about ten or twelve ounces of blood. It is well to remark that previous to dividing the lingual muscles, an assistant had to secure the tongue for a few minutes as there was a great deal of spasm which might have choked the patient by drawing that organ backwards, &c. On the third day the dressings were removed, when the external incision was found to have healed by the first intention, except where the ligatures prevented. The sutures were removed and fresh isinglass plaster applied. The

fœtor from the mouth at this period was very offensive, in consequence of lint placed within being saturated with pus, &c. A portion of this was removed, and the mouth syringed out with warm water; on the fourth day, she managed to swallow a little thin gruel, and had her mouth frequently syringed out with tinc: myrrh and water; on the ninth day, two of the ligatures came away and the remainder of the lint, and she managed to swallow fluids with comparative ease. On 18th day the last ligature came away, since which period she has been gradually improving, and now eats solids cut up fine, and drinks without dribbling; her speech is very little affected, and she is waiting for a vessel to go back to her family, very grateful for the relief which the Science of Surgery has achieved for her.

She is very little deformed; indeed, so little that one would not observe it, unless his attention was drawn to the subject, and she already begins to move the remaining portion of the jaw, so as to rub the teeth against their antagonists in the superior maxillary.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Should the following cases be deemed of sufficient interest I shall feel gratefully obliged by their insertion in the Montreal Medical Gazette, and remain,

Gentlemen,
Your obedient servant,
P. E. MOLLOY, M. D.

Mrs. Rogers, aged 57, applied to me in July, 1843. She stated that about "10 years ago, a bone slipped down the throat, and, as she believed, lodged somewhere in the lower part of the swallow." It occasioned but little inconvenience for the first three years, but from that time, the difficulty of deglutition increased. For the past four years she had been under the medical treatment of most of the practitioners of the neighbourhood, who regarded the case as one of ulceration of the mucous membrane, and treated it accordingly; but the disease increasing, she came to me, when the following symptoms appeared. Great emaciation, pulse 90, weak and vibrating, skin dry, tongue moist but coated, bowels inactive (generally), great prostration, obliged to be assisted into my office by two persons, catamenia had ceased about 10 years. She had been obliged for the last 18 months to live upon vegetable diet and milk, which she had to comminute together into a soft pulp, of which she could only

swallow about the quarter of a tea spoonful at a time, and even that with great difficulty and sense of suffocation. No external enlargement in the neck was perceptible. Supposing the bone had served as a nucleus around which a tumour had formed, I attempted to explore the passage with a probang; the irritability of the larynx was so great that I could not pass the curvature for some time, but by accustoming the parts to the instrument, I finally succeeded in introducing one of my largest and strongest probangs, and finally separated the tumour (which nearly filled the whole passage) from its attachments to the mucous surfaces. She fainted under the operation, and on her recovery, she asked for water, which she attempted to take in drops (her usual way of drinking for many years), but to her astonishment she swallowed the whole contents of the tumbler in two draughts. I recommended her to use a gargle of

℞ Acid Nitrosi, Guttas xx
Syrupi. Rosar ½oz.
Aquæ puræ, 8 oz.

For two days she felt a slight tenderness, arising from the laceration of membrane, and in five days she came three miles to acknowledge that she was in perfect health, and recovering her strength daily.

Mrs. Cunningham, aged 24, of healthy and robust constitution, was delivered naturally of a healthy child, on the 10th March, 1843; about 10 minutes after, flooding followed, which terrified the midwife so much, that she did not attempt to bring away the secundines. A medical practitioner was called in on the second day, who declined using any artificial means to assist in extracting the placenta. The patient remained in this state until I visited her on the 20th. The fætor on entering the house was almost insupportable: but this I had corrected in some measure, by directing a woman to wash the parts with a weak solution of chlorid calcis, and injecting the same per vaginam, as well as by purifying the room with

℞ Acidi Muriat:
— Nitrosi aa drs ½
Aquæfontanæ oz. 8
Manganes: dr. 1½

Her face exhibited a cadaverous hue; lips exsanguineous; aberration of the mental faculties; pulse 110, small, vibrating; tongue black, dry, parched and loaded; teeth covered with sordes, abdomen tumefied and tender on pressure, bowels confined for four days, skin moist and cold, pain in the head, which on being raised from the pil-

low caused faintness, excessive thirst, extremities cold. On vaginal examination, the funis was felt, dried, and came away by the slightest tension. On introducing my hand partially, I found the Os tincæ almost normally contracted; but so acutely sensitive that she could not bear more than the insertion of one of my fingers; with this I could feel the lower edge of the placenta, but being in a complete state of decomposition, it broke away on the slightest pressure, and I desisted from using any forcible means to pass my hand, as it might have endangered life. The hæmorrhagia uteri had ceased to flow; for six days previous to my visit, the mammary secretions had been altogether suspended.

20th. R. Proto Chlor. Hydr. Gr. x.
Pulv. Rhei Gr. xv.
,, Ipecac Gr. ij.
,, Zingiberis Gr. iij. m : ft : pulv. instanter sumend : Sinapism : pedibus et nuchæ.

Stupes of warm water applied over the abdomen, cloths dipped in vinegar to the head.

21st. Bowels relieved three times, but little change in the general symptoms, pulse 108. Thirst abating.

Rj. Spir. Ammon. Aromati oz. ij
Tinct. Cardam. Comp. oz. i
Aquæ Cinnamom oz. vi Cochl : dua : ampl : tertia vel quarta quaque hora sumenda. Half a glass of port wine every six hours, weak beef tea, oatmeal gruel ad libitum.

24th. Abdomen less tense and tender, tongue clean, bowels only open once since the day before yesterday; pulse 98; slept tolerably well, pain in the head still continues, mind more composed, breasts slightly tumefied, milk oozes, still no lochial discharge, fætor scarcely perceptible, appetite improving, nursing her child.

R. Infusionis Gentianæ Compositæ oz. vj
,, Rhei. E. I. Opt. oz. iij
Tinct. Card. Comp. oz. i
Bicarbonatis Soda, dr. ij Sumat Cochl : amplum manè meridiè et nocte.

R. Sulph. Quininæ Gr. iv.
Vini. Maderiensis. oz. ij. Cap. bis in die; mitte Chartul. xij. Mutton chop and strong beer at dinner, acidulated barley water for common drink.

31st. On this my last visit (the patient resided 17 miles from

Plattsburg), I found her convalescent, sitting by the fire, complaining of slight debility; she, as well as the nurse, assured me, that from the time the hæmorrhage ceased, no discharge whatever came from her, and I have every reason to believe it to be a fact, as I closely examined every time I saw her, but never discovered more than the slightest stain on the clothes. The power of absorption, as exhibited in this case, is unique to me, and may appear equally so to many of your subscribers. Dr. Wolfred Nelson (who resided here for three years, and whose professional character stands in the highest and most enviable estimation amongst the inhabitants of Clinton County) knows the two persons, whose cases I have narrated.

P. E. Molloy, M. D., M. R. C. S. L.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Gentlemen,—It is stated in an article in the June number of your journal, that "abscesses in the *iliac fossa have been generally described* under the names of *psoas* or *lumbar* abscess;" an assertion which is somewhat novel to me; I should therefore like to know, who are the authorities that have designated an abscess *originating in the iliac fossa*, (and which has its own very expressive name,) by a synonyme so vague, and inappropriate, and which would tend only to mislead the student. If all *chronic* collections of matter, in connection with the abdominal parietes, (whether within or external) are to be indiscriminately termed "psoas or lumbar," we must lose some very characteristic and discriminative terms, which, unless very good reason can be adduced, should not be discontinued. I am ready to admit that the diagnosis of diseases of this nature is by no means always an easy matter, and that mistakes have, in consequence, been occasionally made; these difficulties, however, do not authorize us to describe, as identical, diseases which post mortem inspection readily points out as widely different.

Precision in terms, is as essential in medical language, as faithfulness of description; and the neglect of either of them is far less excusable, even than errors in diagnosis; which, we find, the learned Dr. Elliotson admits, are occurrences to which he (in common with others) is liable, and which *we*, in equal candour, might admit ourselves, as occasionally subject to. The motto "humanum est errare" is applicable to all, though perhaps not equally so. It is nevertheless our bounden duty, on all occasions, to use our utmost diligence and skill, to form a correct diagnosis, as far as it is in our power, upon which basis only, scientific medical practice can be erected. I am at a loss to know, to whom the author may allude,

when he says, "the views, which for a long time prevailed, as regards the pathology of the disease, and which, it would seem, are still entertained by some, even *distinguished* practitioners, are, moreover, a *fruitful source of error, and another cause of the inefficiency of the treatment usually adopted.*" I cannot, in justice, admit the correctness of the applicatian of this *libel*, to any of the modern authorities, with whose writings I am familiar; candour, (which is ever inseparable from high-mindedness,) has made us acquainted with the failures, and errors, of the most skilful of our profession; which are reported to us, and intended as beacons, to preserve us from the hidden dangers of our profession; and I much fear, were we on all occasions to imitate their candour, as zealously as we trumpet our success, our fair fame would stand on a very different basis; although, perhaps, it might not attain as elevated a pinnacle as we would wish. Admissions of the obscurity of the symptoms, of psoas or lumbar abscess, or of other chronic collections of matter, or even of the impossibility, in some instances, of discovering them, by any indications, are by no means confessions of ignorance, nor of any erroneous pathological views of the disease, but merely simple statements of facts; which all those who have had opportunities of seeing those cases, must readily admit. Little responsibility can attach to the surgeon, for not discovering a disease of which the patient is unconscious, while great blame falls on the medical practitioner, who overlooks indications, which ought to guide his way. Unfortunately, there are but too frequent occasions (even when the difficulty of diagnosis has been surmounted) where the resources of our art fail us. We are not to conclude, however, that in these obscure cases, it is "erring on the safe side," to treat all diseases simulating psoas abscess, by means suited to subdue acute phlegmon; nor are we warranted, while "*the patient seems to enjoy his usual health, and there is nothing in his outward appearance to indicate the commencement, or even existence, of a malady,*" to subject him to treatment for an undiscovered or unsuspected disease, should it even become formidable in its results. Nor are we excusable in adopting "the usual routine of some practitioners, who, without giving themselves the trouble of thinking, enquiring or explaining into all the symptoms, seize some one of them, give it a name, and *treat it according to the most approved methods described in books.*" To this we may also add, that a whole group of symptoms *may be mistaken by an ignorant or by a "routine practitioner,"* and not only a *wrong name* given to the disease, but a still greater error may be committed in the treatment. Abscesses in the iliac fossa are not only wholly distinct from psoas or lumbar abscess, but they are also essentially different in their diagnosis, prognosis and treatment; we ought, therefore, carefully to avoid a mis-application of name, which would either involve the imputation of

ignorance, or the desire of being supposed more successful in our treatment of a disease, which, in the hands of others, has generally terminated fatally; while we had merely the charge of a much more manageable case, and one of less danger. There are some points in the above case which would afford subjects of comment. I abstain, however, from touching on them, as there appears to have been a difference of opinion, as to the diagnosis; it would be desirable, therefore, that both sides should be heard, before an opinion can be fairly formed. I do not, however, deem it an interference, to notice the quotations which are adduced in support of the opinions of the author.

First, I would draw your attention to that from the justly celebrated Dupuytren, which, I presume, is given, *as if it were the opinion* of that eminent Surgeon: "That psoas, or lumbar abscess, in *many instances, if not generally, is dependent upon an affection of the cæcum.*" But I am unable to discover in the long quotation which follows, (and to which I refer you,) *one word in support of the author's views, or at all applicable to the point.* That abscesses occasionally form in the cellular tissue of the iliac fossa, in the vicinity of the cœcum, "the peculiar symptoms of which disease, (according to Dupuytren, as quoted by the author,) are the fixity of pain in a very limited point in the iliac fossa, and the tumefaction of this point;" and that causes, in connection with that peculiarly constructed bowel, are capable of inducing inflammation, and even abscess, in its neighbourhood, is well known to all of us. We have, however, yet to learn, that the affections have been looked upon, or termed, as synonomous with "psoas or lumbar abscess:" A quotation, equally inappropriate, is taken from Dr. Elliotson's lectures in support of the following observation of the author: "The complaint, in almost every instance, is not marked by any prominent symptoms. *The patient seems to enjoy his usual health, and there is nothing in his outward appearance to indicate the commencement, or even existence, of a malady.*" Dr. Elliotson's notice of this *undiscoverable* malady, is, that "these cases are often mistaken for rheumatism, and it is not an easy matter to make the distinction in the first instance," And further on he says, he frequently "put them down as lumbago, when the case turned out to be one of psoas abscess; *he could make no impression on the disease; the patient has gradually sunk, until at last he has died*; and on autopsy a collection of matter has been found." The inapplicability of this illustration of the learned and candid professor, (however characteristic of lumbar abscess,) needs little comment; he scarcely could have termed it either "rheumatism or lumbago," without some of the usual lumbar pains, and other indications, that the patient *was not* in the "enjoyment of his usual health." The author would do well to compare the diagnostic symptoms he quotes from the two cele-

but frequently nurse and friend—not an alarmist; his was, as often as might be, the "primrose path," but never that of "dalliance;" in the treatment of his patients, he was as cheering and comforting by his conversation as he was fortunate in his practice. Nor were his exertions purely directed towards acquiring a competence; the poor and friendless shared equally with the wealthy his time, and participated in the benefits of his experience. Well do we remember his surgery at stated hours presenting the appearance of a dispensary—himself prescribing with the care and conscientiousness of paid skill. Dr. Robertson was one of that faithful band of pioneers, who, after great toil, and after surmounting constant difficulties, succeeded in establishing a General Hospital in 1820, and two years afterwards he was one of the originators of the first School of Medicine in Canada, which is now incorporated with M'Gill College. To these institutions he for many years devoted much of his time: he was Professor, at the period of his death, of the Theory and Practice of Medicine; to which chair he was appointed in 1833 on the death of Dr. Caldwell: previously to which he lectured on Midwifery and the Diseases of Women and Children; in both capacities he was respected and beloved by the students, to whom the stores of his mind were at all times freely and almost gratuitously bestowed.

As an operator, Dr. Robertson was far above mediocrity; we have repeatedly witnessed him enact his part with skill: there may have been some who surpassed him in the rapidity and dexterity of their movements but not one was there superior in soundness of judgment or in firmness of hand.

In politics, Dr. Robertson always was a Conservative—some deemed him a Tory; be this as it may, he was one of the most liberal and enlightened of this class, and in the change of opinions, and in the turmoil of the times, his character, endued with the warmest virtues—with the pure sentiments of honour and humanity—his temperament blessed with gentle manners, an unaffectedly cheerful, nay playful disposition—could not fail to screen him from the attacks of those to whom it might be presupposed, he was placed in antagonism.

Dr. Robertson was born on the 15th March, 1784, and had therefore completed his 60th year.

We have thus added our testimony to that of many others, in summing up briefly this obituary. The task has been rendered less painful, by the certainty that not one could have breathed a word tending to sully so bright a fame. Would that our monument were "ære perennius."

We are very happy to find space for two letters signed "M. D," and "A Subscriber," in reference to the case published by Dr. Carter in our May number, and continued in those of June and July. We have received a communication on the subject which must be postponed until next month, which we feel sure will be read with interest by our Subscribers, both from the dispassionate manner in which both sides of the question are argued, in a purely professional point of view, and also, from the care, with which it is evident to us, that the case has been analyzed. For ourselves, we can only say, that it has been with regret that we have perused the communications which have been published in another Journal in reference to this case, and we regret the more the occurrence of any circumstances which should have rendered such communications necessary. In inserting Dr. C.'s communication in our former numbers, it was done with a view to knowing both sides of the question; in inserting the two letters above referred to, we do it with a view of eliciting a calm and profit promising discussion of the case. We are quite prepared to answer the questions contained in "A Subscriber's" letter, but we purposely delay doing so.

We beg to acknowledge the receipt of the New York Journal of Medicine, edited by Samuel Forry, M. D., and of the Journal of Insanity, edited by Samuel Brigham, M. D., and the other gentlemen under whose charge the asylum at Utica is placed. The former is ably conducted, and contains original papers as well as judiciously selected extracts from foreign periodicals of its class; among which we particularly noticed, an analysis of the "Fifth Registration of England," by Mr. Farr.

The Journal is published every two months—or bi-monthly. By the bye, we see some discussion as to the meaning of bi-weekly and bi-monthly. We conceive the view of the Editor to be the correct one. Bi-weekly does not mean twice a week, but every fortnight—by semi-weekly however is understood twice a week, so with the other term; semi-monthly would unquestionably have given the idea entertained by the correspondent who complains.

REPORT OF THE MONTREAL LUNATIC ASYLUM.

Total number of Patients admitted since the Asylum was opened, November 1, 1839, to June 30, 1844, being a period of four years and eight months:

Males,.....105
Females,..... 81 } 186.

Of whom were

Canadians,	Males,...27.	Females,...16.	Total,...43.
Irish,	Do. ...40.	Do. ...40.	Do. ...80.
Scotch,	Do. ...25.	Do. ...17.	Do. ...42.
English,	Do. ...10.	Do. ... 7.	Do. ...17.
United States,	Do. ... 2.	Do. ... 1.	Do. ... 3.
Welch,	Do. ... 1.	Do. .. 0.	Do. ... 1.

Grand Total,..186.

	CURED.		IMPROVED.		DIED.		REMAINING.	
	M.	F.	M.	F.	M.	F.	M.	F.
Canadians,.....	12	7	8	3	3	2	4	4
Irish, ...	22	17	3	7	10	4	5	12
Scotch, ...	15	6	2	2	4	2	4	6
English,.....	4	4	0	0	3	2	3	1
United States,...	2	1	0	0	0	0	0	0
Welch,.....	0	0	0	0	0	0	1	0
	55	35	13	12	20	10	17	23

The report of the expenditure is incomplete; an idea may be formed of this important matter, in this as in all public Institutions, by the subjoined statement for three complete years:

January 1, 1841, to December 31, 1841,.....	£859	1	0
Do.	1842,	do.	1842,.....	984	0	2
Do.	1843,	do.	1843,.....	950	1	3
				£2793	2	5

This includes Clothing, meals for 46; Physician's and Superintendants' salaries and servants' wages,—in fact all expenses.

The Journal of Insanity.—Its first number reflects great credit on its originators. We would not be surprised in seeing other institutions follow the example, and this independently of the annual report; these last, undoubtedly useful in many respects, are insufficient in a medical point of view. We trust that the attempt will be as successful as it is praiseworthy; the paper is published quarterly. We offer our thanks to the gentlemen of both Journals for their attention in forwarding us their numbers—we can but reciprocate, and that with gratitude.

A New Mode of relieving Prolapsus Ani.—By A. Robert.—The author having stated the most powerful cause of procidentia ani to be the paralysis or relaxation of the sphincter, and having enumerated the modes hitherto adopted of relieving the affection, thus proceeds:

"It is easy to observe that if these modes of treatment differ among themselves, they have one common result, that of forming, either above or below the sphincter, a wound, either with or without loss of substance, which in suppurating and cicatrizing contracts the anus, and determines a more intimate union of the intestine or the skin with the subjacent parts. In ordinary cases this cicatrix resists sufficiently well, because it receives a solid support in the sphincter ani, which has lost little of its contractile power. But if this muscle is itself affected with extreme relaxation, whether primary, or the result of the long and excessive distension which it has been submitted to by the tumor, it is easy to foresee, that the cicatrix, being no longer supported, will become extended, and the prolapsus reproduced."

Mr. Robert next relates a very bad case of prolapsus ani of considerable duration occurring in a washerwoman, as an example of his mode of relieving the affection. He made two incisions at the posterior border of the anus, in the form of a V, the apex meeting at the coccyx, and, having removed a corresponding portion of the sphincter, he united the parts by the suture, the threads of which were removed on the 6th day. On the 15th day (constipation having been induced by abstinence and opiates) fæcal matters were removed by a scoop, and on the 18th day the woman had a natural stool without the reproduction of her infirmity. She became eventually completely cured.

Mémoires de l'Académie Royale de Médicine.

An Efficacious means of relieving Hæmorrhage, occurring after the Lateral Operation for the Stone.—By M. Begin.—The only means of any efficacy employed hitherto against this formidable and not unfre-

quently fatal occurrence are the ligature and torsion, for compression can seldom be borne long enough, or properly adapted to the site of the hæmorrhage. The inability of detecting the bleeding vessel has also repeatedly rendered both the ligature and torsion unavailable. The author recommends, having practised it with success, the constant and copious *irrigation* of the parts with cold water. Of the two cases he narrates, in the first this was accomplished by means of the ordinary lavement syringes, employed vigorously by the pupils of the hospital—one constantly filling, while the other was working. The surface of the wound and all the neighbouring parts were in this way freely played upon for some hours without intermission. In the other case, an apparatus was contrived to admit of a constant current of water being directed upon the parts. In both, most complete success attended the practice, although the patients were reduced to an almost hopeless state prior to its institution. The irrigation seemed also to produce a very sedative effect, and was not followed by any re-action of an inflammatory character. The apparatus required is simply a caoutchouc tube and elastic canula, the patient being brought to the edge of the bed during its use.

M. Begin suggests the extension of this mode of treatment to some of the varieties of uterine hæmorrhage.

Op: Citat.

HOW TO MAKE LEECHES BITE.

The leech which it is intended to apply is to be thrown into a saucer containing fresh beer, and is to be left there till it begins to be quite lively. When it has moved about in the vessel for a few moments, it is to be quickly taken out and applied. This method will rarely disappoint expectation, and even dull leeches, and those which have been used not long before, will do their duty. It will be seen with astonishment how quickly they bite.—*Weitenweber's Beitr.*, and *Schmidts' Jahrb.*

THE BRODIE MEDAL.

A very handsome bronze medal has just been executed, having on one side a most excellent likeness of Sir Benjamin Brodie, while on the reverse is a female figure feeding the lamp of science. Beside the former appears merely the word BRODIE: the latter has round the circumference the following sentence;—*E tenebris tantis tam clarum extollere lumen qui potuisti:* and beneath—CONSOCII ET DISCIPULI GRATULANTES. MDCCCXLI.

Inversion of the Uterus.—This may be complete or incomplete ; and in these cases in which complete inversion has been thought to occur some time after delivery, it probably had existed in an incomplete manner from the beginning. As dilatation and softening of the uterine walls, are only required for its production, it is found not only after delivery, but also in women who have never borne chtldren—*e. g.*—after the sudden removal of a polypus from the fundus uteri ; and the affection may be produced, not only by traction, but by the compression of the upper portion of the enfeebled walls of the uterus, by the weight of the intestines, and the contraction of the abdominal muscles.

It is surprising how little suffering an affection, usually so formidable, produces in some cases. The author relates the case of an old woman who died of bronchitis in the Salpêtrière, and upon the examination of whose body most complete inversion of the uterus was found. Convalescent from a former attack, she had been under observation a considerable time prior to the fatal seizure of bronchitis, and was observed to be very active in her habits, regular in most of her functions and manifesting no one symptom whatever of uterine derangement, and the inversion was discoeered after death, as it were, by accident. As a general rule, however, those women who do not perish forthwith, drag out a miserable existence. M. Lisfranc does not believe in the authenticity of those cases, in which the uterus is said to have been reduced spontaneously or by art, at the expiration of days, weeks, or even months after the inversion has occurred.

M. Lisfranc's Surgical Clinique.

Hydrometra, or Dropsy of the Womb.—This is a rare affection, generally occurring during gestation. Sometimes the fluid escapes in small quantities by degrees, and, more rarely, the whole disappears at once, to be shortly reproduced. The affection does not seem one that is immediately dangerous in itself, especially if the fluid escape from time to time ; but the debility, and bad constitution of the subjects of it, and the organic changes in the womb or other viscera, which produce the affection, may give rise to serious cause of alarm. Occasionally the fluid is removed at the third or fourth month of pregnancy, and is not reproduced ; or it may finally disappear during delivery. In treating this disease we must look upon it merely as a mere symptom of some uterine affection. But there are cases where the presence of the fluid neutralizes the means adopted, and, if the symptoms are urgent, it must be evacuated. The use of violent aperients, the injection of substances into the womb, the employment of local or hip baths, and all similar means, tending to produce congestion of the uterus, must be interdicted. Secale cornutum, which has been recommended, has in

some cases led to fatal inflammation. When the patient is not too feeble, and congestion exists, revulsive bleeding, general warm baths of bran water, emollient injections, moderated exercise, and careful diet, are appropriate means. While inflammation is present, we should not empty the cavity, unless some urgent symptom exist, when the finger or a catheter may be introduced into the os uteri.

Op. Citat.

Cream of Taraxacum.—Dr. Collier recommends the following mode of preparing and prescribing this remedy:

Cut the fresh roots of dandelion, freed from any adherent earthy matter (previously washed and slightly scraped) into transverse slices. Sprinkle any quantity of these, while moist, slightly with spirit of juniper, and express them in a tincture-press. The cream thus expressed will keep any reasonable time for the purposes of the practitioner in the hottest weather. The dose, a tablespoonful, or more, twice or thrice a-day, will probably produce two or more diurnal biliary evacuations.

It may be diluted, and put up in the form of draughts, with any of the diuretic waters or infusion, or with a solution of cream of tartar. The great objection to its use will be that it costs nothing, and may be made by every one, without pharmaceutical mystery or expense.

Lancet, Sept. 16, 1843, *and Braithwaite's Retrospect.*

Liquor Taraxaci.—Earland recommends the following formula for this preparation, taken from the Annals of Chemistry: "Dandelion roots, perfectly clean, dried and sliced, oz. xij. Infuse for twenty-four hours in a sufficient quantity of distilled water to cover them. Press and set aside that the fecula may subside; decant and heat the clear liquor to 180 Fahr., filter the liquid whilst hot, and evaporate spontaneously until the product weighs 14 ounces. To this add 4 ounces of rectified spirit. If properly prepared, it resembles in colour pale sherry.

Pharm. Journal, June 1, 1843, *and Braithwaite's Retrospect.*

We very strongly recommend these preparations to the serious consideration of the Profession in this country, for two reasons:—1st. Our entire confidence, after long experience, in the efficacy of Taraxacum in chronic affections of the liver; and, 2ndly, from the difficulty (at least we have experienced it) of obtaining the Ext. Tarax. of the Pharmacopœias in this city, probably from its never

having been used to that extent to which it is so justly entitled.—(E. M. G.)

New preparation of Quinine.—Dr. Kingdon, of Exeter, having felt the utility in practice of quinine as a tonic, in cases in which a stimulus to the absorbents also was indicated, has recently succeeded in combining the qualities of these two classes of medicines in an iodide and biniodide of quinia. His iodide of quinine is formed by dissolving equal weights of the disulphate of quinine and iodide of potassium in boiling distilled water, and allowing the mixture to cool, when beautiful fasciculi of needle-shaped crystals are deposited, insoluble in cold water, but soluble in alcohol. The biniodide of quinine is prepared by mixing twice the weight of iodide of potassium with the disulphate of quinine in boiling distilled water, evaporating to one-third in a sand-bath, and allowing the residue to cool, when a resinous substance is deposited of a light straw colour, which, by exposure to the air, becomes darker and of a greenish hue, not crystallisable, sparingly soluble in boiling water, readily soluble in alcohol, and then not precipitated when mixed with water. This preparation he has given in several cases of scrofulous enlargement of the glands with very great benefit. In the case of a child, between three and four years of age, when the glands of the neck were in a state of suppuration, half a grain twice a-day was given, and at the end of six weeks the swellings were entirely removed, and the general health much improved.

London Medical Times, July 29, 1843.

Allusion was made to this preparation in the 1st No. of the Montreal Medical Gazette, and its use recommended by our friend Dr. Spence. It is a singular coincidence that the utility of this preparation was announced in England and to several Practitioners in Canada, just about the same time, and we will take upon ourselves to say, as regards the notice of it by our able friend, Dr. S., that he introduced the remedy into Canada, without any previous knowledge of its employment in England. This we feel quite warranted in asserting, both from our intimate knowledge of our friend's character, and the modest and unostentatious manner in which he first gave to his professional friends in this City, the result of his own pharmaceutical operations.—E. M. G.

Abscess of the Tongue. By Dr. Moller.—A locksmith applied for advice regarding a swelling under the chin, with violent

pain at the root of the tongue, almost wholly preventing deglutition. Upon examination a large tumour was found in the tongue, that nearly filled the entire cavity of the mouth : it was dark colored, and fluctuating. There was no time to lose. A bistoury armed with linen to near its point was plunged into the swelling, whereby a great quantity of thin pus was evacuated, and the patient straightway relieved. The wound healed in eight days. The tumour under the chin was treated in the same way. The patient was 60 years old, and of phthisical habit, a circumstance in accordance with what certain writers have advanced, namely, that phthisical individuals are more especially prone to this rare kind of abscess.

Boston Medical and Surgical Journal and Oppenheim's Zeitzchrift.

Therapeutical powers of Iodide of Potassium. In a communication to the *Provincial Medical Journal*, April 24th, Dr. Oke gives the results of an extended therapeutical experience of the iodide of potassium. He had not found it of any service in cases of abdominal tumor, scirrhous induration, or ulcerated cancer, lupus, indurated glands, scrofulous ulceration, affections of the lungs, enlargement of the liver, ascites, or encysted dropsy. The diseases in which he had found the medicine useful, on the contrary, were phagædenic ulceration, disease of the periostium, and Chronic rheumatism.

Boston Med. and Surg. Journal, and London Med. Gazette.

Education of Idiots and Imbeciles.—At a late session of the Academy of Sciences, at Paris, M. Pariset, in the name of M. M. Serres, Flourens and Ausiere made a report on the Memoire of M. Sequin, relative to a method of education proper for young idiots and imbeciles.

According to this report, M. Sequin has taught them to read and write, and given them some notions of arithmetic and geometry ; and by thus cultivating their minds, has made them more orderly and gentle, and they have also become more robust and healthy.

We rejoice at this attempt of M. Sequin. This class of our fellow creatures have been too long neglected. Because a youth has but little mind, instead of that little being neglected, as it usually is, the greater pains should be taken to improve it. By increased efforts in this respect, we have no doubt but many that would otherwise ever

remain imbeciles, might be made to hold not a degraded rank among intellectual beings, and their moral qualities might also be greatly improved.

Something of this neglect has too long existed in respect to many of the insane, and we wish to embrace every opportunity to direct attention to the importance of attempting to restore the deranged mental faculties, and preventing their entire loss, by systematic efforts to cultivate them.

Journal of Insanity.

On some preparations of Balsam of Copaiva. By Mr. Jacob Bell.—Among several preparations of this medicine, Mr. Bell mentions the following.

When balsam of copaiva is boiled with liquor potassæ, the mixture separates into two portions, a white oily substance or emulsion, which floats on a yellowish clear liquid. After standing for a day or two, the upper stratum becomes quite clear, the potash being thrown down, and the residue consisting of essential oil. The clear liquid is a solution of the resin in combination with potash. When evaporated to dryness, it assumes the character of the soluble resin. Caustic soda may be substituted for potash.

This liquid is supposed to contain the most active and efficacious portion of the balsam. A small quantity of sweet spirit of nitre is added to it in order to increase the effect.

The following proportions have been found to answer very well. A mixture thus prepared is much less nauseous than the balsam; a dessert-spoonful of it may be taken twice or three times a day:

Balsam of copaiva, two parts.
Liquor potassæ (or sodæ), three parts.
Distilled water, seven parts.

Boil for a quarter of an hour, then add

Sweet spirits of nitre, one part.

Allow it to stand a few hours, then draw off the clear liquid by means of an orifice in the lower part of the vessel.

This, the alkaline solution of copaiva, Mr. Bell considers as in some respects the least objectionable of all the preparations which he has named. Being deprived of the essential oil which is generally considered to be the most irritating principle, it is mild in its

action, and it is less nauseous than the other mixtures on account of the perfect union of the alkali with the resin.

Med. Chir. Review and Pharmaceutical Journal.

Iodine Injections in Hydrocele.—The use of the tincture of iodine, more or less diluted, in cases of hydrocele as an injection, in lieu of wine, &c. is becoming more and more generally adopted by the French surgeons. M. Velpeau has recently written a long memoir, strongly recommending it; and we observe that M. Pasquier, surgeon of the Hotel des Invalides in Paris, reports most favourably of its effects. It seldom produces much pain, even when the injection is strong; and, according to the experience of several surgeons, it seldom or never fails in producing the wished-for adhesive inflammation.

The action of the tincture of iodine on the skin appears to be very similar to that of a strong solution of the nitrate of silver; it stimulates the part for a short time, and then soothes irritation and pain. We have seen good effects from applying it daily to the integuments covering scrofulous and other indolent abscesses. Recently it has been recommended as very useful in strumous, and other kinds of ophthalmia, when applied to the outside of the eyelids. It seems to act as a gentle counter-irritant or derivative, in the same manner as the nitrate of silver does.

Op. Citat.

The use of iodine as an injection for the radical cure of Hydrocele, is extremely common in India, where the disease exists to a very great extent; and the proportions are one to two drachms of the tincture of iodine to an ounce of water.—Ed. M. G.

Ferruginous Food.—Under this name, M. Colmel, a Parisian pharmaceutist, has introduced a new mode of administering iron. His method consists in adding to the iron the usual ingredients for forming chocolate paste, and thus produces a ferruginous compound, by which the taste of the metal is concealed.

Gazette des Hospitaux and Braithwaite's Retrospect, Dec. 1843.

Note—We have for several years been in the habit of prescribing the sesquioxide of iron, in the form of a biscuit, to young female patients, whose stomachs at the time could not bear the remedy in bulk—and we have also prescribed the citrate and sulphate of iron in the form of lozenges.—E. M. G.

Treatment of Volvulus.—Mr. Pilcher has recorded a case of volvulus occurring in a child, in which all the remedies commonly employed for the removal of the disease had been unavailingly employed, when he was induced by the recollection of a former case to order thin gruel to be injected by the rectum until the lower intestines had become completely distended, regurgitation being prevented by pressure around the anus. The effect was almost immediate, the obstruction giving way and the patient completely recovering.

Provincial Med. Journal and Op. Citat.

Mistura Ferri Comp.—Mr. Strutton, in the "Chemical Gazette," gives the following formula for the mistura ferri composita, by which its decomposition may be prevented :—

Myrrh, two drachms; carbonate of potash, one drachm; rose water, fifteen and a half ounces; spirits of nutmeg, an ounce; sugar, two ounces. Mix according to the Pharmacopœia and dissolve.

Sulphate of iron, two and a half scruples, dissolved in two and a half ounces of rose water.

When required, add to seven drachms of the first mixture, one drachm of the latter, which saves the trouble of preparing it for every prescription, and is equal to the mixture being fresh made every time it is wanted.

Oper. Citat.

Use of Elder Bark in Chronic Dropsies.—The decoction and extract of this vegetable substance are reported to be remarkably efficacious as hydragogues, producing so speedy an effect on the urinary and fæcal secretions as to make it needless to use more than two or three applications. The proportions for the decoction consist of a couple of handsful of the bark to a quart of water: dose a wine-glassful a-day. The extract is administered in France in the form of pills, of one and a half grain each, of which from six to ten are taken in the twenty-four hours.

Journal de Med. et de Chir. Pratique and Op. Cit.

German Treatment of Engorgements of the Liver and Spleen.—Dr. Schwabe, of Gross-Rudestadt, makes known to us the follow-

brated writers, and try if *he can* discover any similarity or analogy between them. He will find that they have been describing *two very different and distinct diseases,* and therefore they have not used one expression at all similar or in common. Inappropriate quotations can never tend to support any position : they are not only useless, but are *unfair*, and are therefore better omitted. The learned author might easily have found authorities in support of the obscure and insidious nature of this disease, and the occasional difficulty of discovering it ; but I apprehend he will find few in support of his misnomer, or of his position, that iliac abscesses, or irritations and inflammations about the cœcum, are either frequent or even occasional "causes of lumbar or psoas abscess," or that this disease, even when early discovered, can be *frequently* or *easily cured.*

Your obedient servant,

M. D.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In reference to a case lately published in the Medical Gazette, entitled "Lumbar or psoas abscess," I would feel obliged if you could point out to me any authorities, in support of certain positions, maintained by some members of our profession in this city ; as I must confess they are not such as I am disposed to coincide with, nor are they, in my opinion, in any way in accordance with the generally expressed views of the profession, as far as I am acquainted with them.

In the first place, I would wish to know by what authority an abscess in the *iliac fossa*, of cœcal or perecœcal inflammation, whether arising from an impacted state of the bowels, or otherwise, *and unconnected with disease of the vertebral column, or of the psoas muscle*, is entitled "psoas or lumbar abscess" ?

2ndly, Where is there a case recorded, of the matter of an abscess formed in the iliac fossa, (as above described) making its way, contrary to the laws of gravity, over the crest of the ilium, and then passing down on the dorsum of that bone, and there being discharged ?

3rdly, Among the numerous authors who have written on "psoas or lumbar abscess," who has recommended *general blood-letting*, as a remedy for that disease, *after the formation of matter*, or the lancet, for any other object than the evacuation of the abscess, after it is ascertained to exist ?

I am, Gentlemen,

Your obedient servant,

A SUBSCRIBER.

LUNATIC ASYLUMS IN THE UNITED STATES.

Maine Insane Hospital, opened in 1840—Number of Patients,* 68; admitted in 1843, 82; recoveries, 31; deaths, 4.

New Hampshire Asylum for the Insane, opened 28th October, 1842—Number of Patients, 1st June, 1844, 70. Admitted during the year, 104; recoveries, 37; deaths, 5.

Vermont Asylum for the Insane—Number of Patients,* 136.—Admitted in 1843, 111; recoveries, 51, deaths, 11.

M'Lean Asylum for the Insane, Mass.—Number of Patients,* 134. Admitted in 1843, 127; recoveries, 63; deaths, 18.

State Lunatic Asylum, Mass.—Number of Patients,* 255. Admitted in 1843, 220; recoveries, 116; deaths, 22.

Boston Lunatic Asylum, Mass.—Number of Patients,* 108. Admitted in 1842, 40; recoveries, 22; deaths, 9.

Connecticut Retreat for the Insane—Number of Patients, 1st April, 1843, 89. Admitted during the year, 82; recoveries 45; deaths, 7.

Bloomingdale Asylum, New York—Number of Patients, 1st January, 1844, 100. Admitted during the year, 85; recoveries, 49; deaths, 14.

New York City Lunatic Asylum—From the 10th June, 1839, to the 20th September, 1842, admitted, 1033; deaths in the same period, 211.

New York State Lunatic Asylum, Utica, opened 16th January, 1843—Admitted up to the present time, 18th March, 433; recoveries, 123; died, 13; present number, 244.

Hudson Private Lunatic Asylum—Number of Patients,* 28; discharged in the past year, 19; recoveries, 6; death, 1.

City of N. Y. Private Lunatic Asylum, has admitted for several years from 10 to 20 patients.

Pennsylvania Hospital for the Insane—Number of Patients,*132; admitted during the year, 140; recoveries, 68; deaths, 17.

The Friend's Asylum, near Philadelphia—Number of Patients,* 52; admitted during the year 42; recoveries, 17; deaths 4.

Philadelphia Hospital, Department for Female Lunatics—On the 1st of January, 1844, number of Patients, 101; admitted during the year, 130; discharged during the year, 72; deaths, 14.

Maryland Hospital, Baltimore—Number of Patients, 81*; admitted during the year, 62; recoveries, 45; deaths, 8.

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* We presume at the date of the report.—E. M. G.

Virginia, Eastern Lunatic Asylum—Number of Patients,* 109; admitted dursng the year, 42; deaths, 14; cures in two years, 24.

Western Lunatic Asylum—Number of Patients, 119; admitted during the year, 46; recoveries, 23; deaths, 7.

South Carolina—In 1837 from 50 to 60 Patients were accommodated in the State Institution.

Kentucky Lunatic Asylum—Number of Patients on the 1st January, 1842, 152; admitted during the year, 72; recoveries, 27; deaths, 28.

Ohio Lunatic Asylum—Nnmber of Patients, 148; admitted last year, 65; recoveries, 38; deaths, 4. Additions are now making, by which this Institution will be able to accommodate 350 Patients.

Tennessee Lunatic Asylum—Richly endowed by the State and capable of accommodating 100 Patients.—*American Journal of Insanity.*

Besides several other reports which were not in the possession of the learned Editors of the work from which we transcribe.—E. M. G.

RECAPITULATION.

Number of Patients now in the Lunatic Asylums of the United States	2,561
Number of admissions the last year	1,926
Recoveries during the year	845
Deaths, including 98 said to have died at Blackwell's Island	294

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, AUGUST 1, 1844.

In our number of this month will be found an advertisement of the Medical Department of the University of New York: a school which has in a very few years attained a celebrity unrivalled on this Continent; indeed. from our personal and historical acquaintance with its Professors, we must have anticipated that in the race of medical competition, such an array of talent would have outstripped

all others. The pupils of this school have been fast increasing—if we remember rightly, no fewer than 90 Graduated in last March—and we see that on the celebration of the Eleventh Anniversary Day, held the 2d July, the Honorary Degree of M. D. was conferred on four gentlemen: with such encouragement, with the fostering care of the Legislature of the State, which has voted in perpetuity $3,000 per annum, towards its expences, with a Museum enriched by the donations of Dr. Mott and others, now numbering upwards of 4,000 wet and dry preparations; this must ere long become the very first College of Medicine on this Continent. While on the subject we may notice, that the Certificates of the College of Medicine in this city will be recognised by the University of New York, and that Students with proper qualifications and Certificates, "will be received with kindness and treated with liberality."

We cannot, we apprehend, form a more accurate estimate of the character of a people by any data, than by the number, magnificence, and good internal arrangements, of its charitable Institutions.

While it has been generally asserted of the people of the United States, that their whole attention and energies are devoted to trade and chimerical speculations, we have nevertheless ample proofs afforded to us, that while their anxiety for themselves and their families does justly absorb much of their consideration, yet they gladly and heartily join in those schemes, the tendency of which is to alleviate human suffering, or to ameliorate the condition of those of their fellow creatures, whom, by the will of Providence, it becomes necessary to remove for a time from the more active scenes of life or whose cases imperatively call for public protection. We allude to that unfortunate, but rapidly increasing portion of mankind, laboring under diseases of the Brain, in the form of Insanity.

While we feel sincerely happy, in offering this honorable tribute to individuals, it becomes doubly gratifying to us to be able to award the same measure of praise to the respective governments of that enterprising and increasing Commonwealth. No sooner is the necessity proved to exist for the establishment of an Asylum in any

of the States of the Union, and more especially, in cases where from this supposed necessity, a bequest, however inadequate to the object, has been already made, or a donation placed in trust, than the Government takes the matter up, and, by its munificence, an Institution is not only completely organised and set to work, but its future operations are secured by a yearly grant from the State Treasury. Let any of our readers in Canada refer to the long list of Lunatic Asylums, which our present number contains, and say, whether they do not reflect the highest credit on our neighbours: and what is the result of this liberality? The delightful certainty that the treatment of this class of patients in the United States, is little, if at all, less successful on the average, than in Great Britain, or indeed in all Europe.

If we may form an opinion of the American Institutions of this description generally, from what we know and have seen of that noble Asylum near Boston, (we mean the M'Lean Asylum,) under the able management of Drs. Bell and Booth, we can feel no hesitation whatever in declaring, that they are fully equal to any of the splendid institutions of the same kind which we have seen in Great Britain or France.

Our mind lingers on the contemplation of this subject with peculiar interest and delight, when we compare the opportunities afforded, and the means employed for the management and care of the Insane in the United States, with what it is at present in this country.

What can be the opinion formed by really benevolent persons, or even by those casual strangers whose minds are rightly constituted, and whose hearts are attuned to the woes of their fellow-men, when on visiting this country, they are informed, that there exists not a single Asylum in its whole length or breadth. We repeat it, there exists not a single Lunatic Asylum in Canada. But is it really so? Can this be the case? Alas! it is *too* true. Let us take a review of the receptacles for the Insane in Canada, for we must protest against the title of Asylums being applied to them; and first of Quebec. In answer to enquiries made of a very intelligent corres-

pondent of that city, we learn, "that a portion of the General Hospital is devoted to the reception of Lunatics, that it can accommodate sixteen patients, that it is now *full*, and there are nearly *eighty* others waiting for admission as soon as they can be accommodated; it is under the superintendance of four" (we presume unpaid) "commissioners, and the expenses are met by a grant from the Legislature." Our correspondent adds, "It is a perfect hovel, better calculated for keeping a number of mad oxen than human beings, having *little or no yard*," open grounds, we suppose, would be quite a superfluity, "and as badly constructed and filthy as can well be conceived." How is it at Three Rivers? Those poor creatures who, we presume, have committed breaches of the peace, are sent to the common gaol of the town, while many are left to be a burthen upon their friends, or perhaps, the objects of ridicule in many of the villages round about; and what shall we say of this fair city of ours, the capital of United Canada, a city becoming remarkable among strangers for the magnificence of its buildings, both public and private, and the enterprise and charitable disposition of whose inhabitants have become the theme for commendation beyond the limits of the wide Atlantic? Where is our Lunatic Asylum? Where shall we visit those sad but thrice interesting objects, towards whom our Saviour's compassion was so often and so strikingly manifested. Echo replies, Where is it? Go to the common gaol of this city, and there, in the female department, you will find them huddled together by threes in the same cell, and at night made to sleep in the narrow passages which separates the miserable cells on either side. Of receptacles in Canada West, we hear that there is but one at Toronto, and from the account given to us lately by a gentleman, well qualified to offer an opinion, we are informed, that ours is a Paradise to it. Such being the actual condition of things in this country, how can we be surprised to hear, that "the cases donot admit of being classified," and that the treatment adopted stands but little chance comparatively of being beneficial. Truly did the Commissioners, in their address to His Excellency the Governor General, on the occasion of his first visit

to Montreal, last summer, state—"That the voice of the country was raised against a persistence of this state of things." We are perfectly well aware of the feelings of the noble minded and generous individual, who at present rules over the destinies of this Province, on this particular point; but we are also aware, that there are great difficulties to be surmounted before this object is likely to be attained. Will it be believed, and we pledge ourselves to the truth of this statement, that at this moment, there are several inhabitants and *natives* of this Province, inmates, as paupers, in the Asylums of the United States! That this is a disgrace to our country is the very mildest expression we can use in reference to this subject.

In consequence of the number and length of original communications forwarded to us for insertion in our previous numbers, we have been unable to furnish our readers with as many extracts from contemporary journals as we had proposed to do; however, in the present number, we trust, that we shall be considered to have made the amende honorable, and this must be our explanation for the non-appearance of more original matter this month. While on this subject, we feel bound to explain to our French Canadian confrères, that it has been owing to some mismanagement on the part of the Agents of Messrs. Fabre and Co., of this city, either in London or Paris, that we have not had it in our power to cater for them from the French periodicals. We gave the order in April last; the works are daily expected.

We have much satisfaction in stating, that His Excellency the Governor General has been pleased not only to express his entire approval of the objects contemplated by the originators of the Self-Supporting Dispensary of this city, but to signify his desire to become the Patron of that Institution, and this was coupled with the request that he might be permitted to evince substantial proofs of his good opinion, whenever the necessity arose for contributing to its funds.

It is with deep regret that we record the death of Dr. William Robertson, which took place at his residence in Great St. James Street. For some months previously to his decease, Dr. Robertson had been a sufferer—latterly manifest indications of sinking appeared, and forty-eight hours before the end of his days, the powers of nature rapidly becoming exhausted, he expired on the night of the 18th July.

Dr. Robertson was a native of Perthshire, Scotland : he volunteered at a tender age into a fencible regiment, raised at the period of the disturbances in Ireland, towards the end of the last century, in which country he served for some time. On his return to Scotland he commenced the study of Medicine in Edinburgh, where he passed his examinations with credit; and, almost without any delay, was appointed Assistant Surgeon to the 49th Regiment, which he joined at Cape Breton Island in 1806 ; in which and the adjacent Province he did duty till the commencement of the war in 1812; he then accompanied his Regiment to the Niagara frontier, and was present at the storming of Fort Niagara. At the declaration of peace in 1815, he retired on half pay, and settled as a practitioner in this city, and for a term of nearly eight and twenty years, he was one of the first physicians in this country.

Dr. Robertson was known to the greater number of our readers, and we say not too much, when we assert that he was eminently endowed with many of the sterling qualities which tend to confer at once a usefulness and a blessing on Society. He was gifted with great powers of intellect, which were much increased by an indefatigable industry and an assiduous culture rarely equalled : indeed his systematic character, his unremitting study, in the midst of an extensive practice, would serve as models of instruction and encouragement to all who are anxious of following in the path leading to knowledge and wisdom. The fruits of such discipline attained perfect maturity. In the several social conditions of man's life he stood pre-eminent ; in him with quick sensibility were joined great forbearance of temper and benevolence of disposition ; delighting in the friendly communion of his confrères, invariably, scrupulously attentive to their claims, he was esteemed by all members of the profession, of which he was the chief ornament in Canada : the whole moral man crowned by a high and deep toned sense of rectitude and principle. In his practice he was ever active, energetic, fertile in expedients and most successful ; not only Physician,

ing recipe, which he has employed successfully against the above affections:

R. Belladonna root, powdered, a grain and a half; muriate of quinine, four grains; powdered rhubarb, fifteen grains. Mix for ten powders; one to be taken morning, noon, and night, in any convenient vehicle.

Casper's Journal and Lancet, May, 1843.

Advantages of Medicines in a liquid form.—It has been found that fifteen grains of sulphate of quinine, given in infusion of senna, is more efficacious as a tonic, notwithstanding the purgative quality of the mixture, than twenty-four grains of sulphate of quinine administered in the form of pills. Panizza supposes the causes of this to be that the senna, by promoting the peristaltic action of the alimentary tube, and augmenting the secretion of the bowels, excites the production of a fluid adapted perfectly to dissolve the quinine; and that the quinine, in passing through the intestine in a state of solution, is placed in contact with a much larger extent of surface, and disposed for absorption much more readily than if taken in a solid form.

Panizza in L'Experience and Lancet, Nov. 1843.

Œsophagotomy.—An operation for opening the œsophagus for the purpose of supplying the stomach with food, was performed by Dr. John Watson of this city, on the 12th of February last. The patient was a young gentleman from Massachussetts, who had been for some months laboring under stricture of the œsophagus. For some two months subsequent to the operation, the case gave promise of permanent relief. Subsequently however the disease, which was of a tuberculous nature, extended to the larynx, rendering an opening into the trachea necessary. The patient survived this operation about a week; and he finally died on the 14th of May, of the extension of inflammation to the chest. The present, we believe, is the first instance in which the operation of œsophagotomy has ever been performed for any other purpose than the extraction of foreign substances from the gullet; and it is the fourth authentic case, in which it has been performed for any purpose. For more than three months, all the food that this patient received into his stomach, was supplied by a gum-elastic tube. The exten-

sion of disease to the air passages may be looked upon as incidental; and had it not ensued, there is no reason to doubt that the patient's life might have been preserved.

New York Journal of Medicine, July, 1844.

(We regret much, that the shortness of our stay in New York, on the occasion of a late visit to that city, deprived us of the pleasure of seeing and examining the preparation of the parts referred to in the above article, which we were very kindly invited to do by Dr. Watson. The urbanity and politeness evinced by Drs. Valentine Mott, Revere, and Watson on the occasion, will long be remembered by us with sincere pleasure and thankfulness.—E. M. G.)

Influence of Menstruation on Lactation.—M. Raciborski investigated the influence of menstruation on the milk of nurses, and on the health of the infant in seven women who menstruated while suckling. He could discover no other change in the milk at those periods, than that it contained a smaller quantity of cream; and he concludes that the injurious influence of menstruation on the health of the infant has been greatly exaggerated, and that the circumstance of a woman menstruating during lactation is not a sufficient reason for rejecting her as a wet nurse.

Op. Citat. and Brit. and For. Med. Review, April, 1844.

(As healthy children as we ever saw, were four who were nursed by their mother for the usual period, and this woman menstruated regularly from the second month after her accouchement during the whole term of lactation: another singular circumstance connected with this individual was, that she never was aware of her pregnancies before the time of quickening. She was attended in two of her confinements by ourselves.—E. M. G.)

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Montreal, 15th July, 1844. A. C. NELSON.

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